



Modified PTO/SB/30 (01-03)

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**REQUEST FOR  
CONTINUED  
EXAMINATION (RCE)  
TRANSMITTAL**Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number 09/834,833

Filing Date April 13, 2001

First Named Inventor Ramprakash Sathyanarayanan

Art Unit 2177

Examiner Name I. Woo

Attorney Docket No. ORA010 US

**RECEIVED**

JUL 12 2004

Technology Center 2100

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above identified application.  
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114**

07/09/2004 RNEBRAHT 00000070 09834833

a. ☒ Previously submitted01 FC:1801  
02 FC:1201770.00 OP  
86.00 OPi. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_\_\_\_  
(any unentered amendment(s) referred to above will be entered)ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_iii. ☒ Other Information Disclosure Statement dated October 6, 2003b. ☒ Enclosedi. ☒ Amendment/Reply (17 pages)iii. ☐ Information Disclosure Statement (IDS)ii. ☐ Affidavit(s)/Declaration(s)iv. ☐ Other \_\_\_\_\_2. **Miscellaneous**a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)b. ☐ Other \_\_\_\_\_3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.a. ☒ The director is hereby authorized to charge any underpayments or credit any overpayments, to Deposit Account No. 50-2263, for each of the following:i. ☒ RCE fee required under 37 CFR 1.17(e) \_\_\_\_\_ See attached Fee Transmittal \_\_\_\_\_ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)iii. ☒ Other Additional Claim Fee \_\_\_\_\_ See attached Fee Transmittal \_\_\_\_\_b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosedc. ☒ Payment by credit card (Form PTO-2038 enclosed)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)

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Registration No. (Attorney/Agent)

36,320

Signature

*S. Omkar*

Date July 6, 2004

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